



POLICE DEPARTMENT

Arrest Record Check Request

Last Name, First, Middle (please print)	Race	Sex	Date of Birth	Place of Birth
Address			Social Security Number	
City, State and Zipcode				

I certify that this request is being made in accordance with Title 19.2-389 of the Code of Virginia, as amended.

☐ Criminal Justice

☐ Non-Criminal

☐ Visa Purposes

Signature

Print Name

Do not write in spaces below

Check One	<input type="checkbox"/> No Record Found	Unauthorized dissemination will subject the disseminator to criminal and civil penalties. This record check is limited to Lynchburg charges only. Only adult conviction data provided.
	<input type="checkbox"/> See Attached	

Searched by:

Date:

This department regrets that it can no longer legally provide criminal history record information to individuals except under special circumstances. Virginia law 10.2-389 allows persons the right to access their records for review and/or challenge purposes. Employers or investigators are no longer permitted to receive criminal history record information unless such information is required by state or federal statute or an executive order of the President or Governor that expressly refers to criminal conduct or to carry out investigations concerning suitability for access to classified information.

If you desire to obtain criminal history information and are eligible under the above limitations, please complete the following:

For the purpose of ascertaining its completeness/accuracy, I request to inspect a copy of such criminal history information concerning the named individual maintained in the files of The Lynchburg Police Department.

I understand the provisions of Section 9-195 Code of Virginia which states; "Any person who willfully and intentionally request, obtains or seeks to obtain criminal history record information under false pretenses, or who willfully and intentionally disseminates or seeks to disseminate criminal history record information to any agency or person in violation of this article...., shall be guilty of a Class 2 misdemeanor."

City of _____

Name (print): _____

Commonwealth of _____

Signature: _____

The foregoing instrument was acknowledged before me this _____ day of _____, of 20____ by _____.

Notary Public

My commission expires: _____

